PET-CT로 우연히 발견한 큼직한 무증상 흉부 척수 신경집종: 1예보고

Schwannoma is not a rare tumor occurring anywhere where sheathed nerve fibers present. However the spinal involvement has been noted to be uncommon.¹ The use of PET in the diagnosis of spinal schwannomas seemed to have only sporadically been reported² and standardized uptake values (SUV) measured in peripheral nerves schwannomas varied according to cellularity.³⁴ Most reported spinal schwannoms were symptomatic and relatively hypometabolic but ours differed in that despite considerable compression of the spinal cord it did not produce clinical symptoms or signs and had a relatively high FDG uptake value.

The patient was a 56-year-old female who underwent torso ¹⁸F-deoxyfluoroglucose (FDG) PET/CT for the purpose of a general health check. Quite unexpectedly, PET/CT disclosed a spotty area of increased FDG metabolism at the T4 vertebral level. SUVs were calculated as 5.1max on 1-h scan and 4.3max on 2-h scan. Subsequent magnetic resonance imaging (MRI) demonstrated a 1.2×2.1×1.7 cm tumor in the intradural and extraspinal space of the upper thoracic spine. The tumor occupied the right posterolateral aspect of the spinal canal displacing the cord to the opposite side. The tumor matrix was isosignal with that of the spinal cord on T1 weighted image [TR=511 and TE=25], bright on T2 weighted image [TR=4615 and TE=125] and became strongly enhanced after contrast medium injection. The tumor had a capsule, the signal of which was lower than the matrix on T2-weighted image.

Clinically, patient was completely free of symptoms and signs. Physical examination including neurological and electrophysiological tests were negative. Laboratory studies were also within normal limits except for a high serum gamma-GPT level (230 IU/L in 2008, 202 IU/L in 2007). This high gamma-GPT level was attributed to a herb medicine prescribed for her obesity.
The spine was operated. On opening a 1.0×1.5 cm tumor was found to be encapsulated and located in the right posterolateral aspect of the intradural space at the 4th thoracic spine level. It was completely resected along with the rootlet from which the tumor seemed to have originated not damaging the cord or causing bleeding. The spinal medulla compressed by and adherent to the tumor was decompressed and released following arachnoid adhesiolysis. The hospital stay was uneventful. Patient was discharged and is well and fine without complication eight months after surgery.

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References


